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PTO/SB/05 (4/98)

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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. BA4-079	
First Inventor or Application Identifier Russell G. To	onkyn 🗖
Title NOx Reduction Methods and Apparatus	ses
Express Mail Label No. EL 844050577 US	ä

	PPLICATION ELEMENTS oter 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington DC 20231					
See MPEP chap X * Fee (Sub 2. X Spee (preciate - De - Cr - St - Re - Ba - Br - De - Cl - Ab 3. X Dra 4. Oath or D a. \(\sum_{FEES, A SMAL IF ONE FILEE IN THEES A SMAL IF ONE FILEE	per 600 concerning utility patent application contents. Transmittal Form (e.g., PTO/SB/17) per Transmittal Form (e.g., PTO/S	Mashington, DC 20231 5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. X Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement (when there is an assignee) 9. English Translation Document (if applicable) 10. X Information Disclosure Statement (IDS)/PTO-1449 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
Continuation Divisional Continuation-in-part (CIP) of prior application No:/							
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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid See Forms PTO/SB/09-12

See 37 C F R §§ 1 27 and 1 28

TOTAL AMOUNT OF PAYMENT

(\$)	1	,	1	8	6	0	0

Complete if Known					
Application Number	Filed Herewith				
Filing Date	Filed Herewith				
First Named Inventor	Russell G. Tonkyn				
Examiner Name	Unknown				
Group / Art Unit	Unknown				
Attorney Docket No.	BA4-079				

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit		Entity Fee	/ Smal Fee	L FE I Entity Fee	y	escription		Fee Paid
Account Number 23-0925	105	130	205	65	Surcharge - late fil	ing fee or oa	ith	0.00
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1. BASIC FILING FEE Large Entity Small Entity	117	870	217	435	Extension for reply	y within third	month	0.00
Fee Fee Fee Fee Description	118	1,360	218	680	Extension for repl	y within fourt	h month	0.00
Code (\$) Code (\$) Fee Paid	128	1,850	228	925	Extension for repl	y within fifth i	month	0.00
101 690 201 345 Utility filing fee 710.00	119	300	219	150	Notice of Appeal			0.00
106 310 206 155 Design filing fee	120	300	220	150	Filing a brief in su	pport of an a	ppeal	0.00
107 480 207 240 Plant filing fee	121	260	221	130	Request for oral h	iearing		0.00
108 690 208 345 Reissue filing fee	138	1,510	138	1,510	Petition to institute	e a public usi	e proceeding	0.00
114 150 214 75 Provisional filing fee	140	110	240	55	Petition to revive	- unavoidable	е	0.00
SUBTOTAL (1) (\$) 710.00	141	1,210	241	605	Petition to revive	- unintention	a!	0.00
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility issue fee (o	r reissue)		0.00
Fee from Extra Claims <u>below</u> Fee Paid	143	430	243	215	Design issue fee			0.00
Total Claims 42 -20** = 22 × 18 = 396	144	580	244	290	Plant issue fee			0.00
Independent $\boxed{4}$ - 3** = $\boxed{1}$ \times $\boxed{80}$ = $\boxed{80}$	122	130	122	130	Petitions to the Co	ommissioner	•	0.00
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**or number previously paid, if greater, For Reissues, see below Large Entity Small Entity	126			240	Submission of Inf	ormation Dis	closure Stmt	0.00
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each p			0.00
103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submission (37 CFR § 1 129)	on after final		
102 78 202 39 Independent claims in excess of 3	149	690	249	345	For each addition		to be	0.00
104 260 204 130 Multiple dependent claim, if not paid					examined (37 CF			0.00
109 78 209 39 **Reissue independent claims over original patent	Other	fee (spe	ecify)					0.00
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other	fee (sp	ecify)_					0.00
SUBTOTAL (2) (\$) 476.00	Red	uced b	y Bası	c Filing	Fee Paid S	SUBTOTAL	. (3) (\$) ₀	.00
SUBMITTED BY						Complete (/	f applicable)	
Name (Print/Type) James E. Lake			tration ey/Age		44,854	Telephone	US-509-	-624-4276

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